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GAU - 277#
PTO/SB/122 (10-00)
2611
#5
Wpymn
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

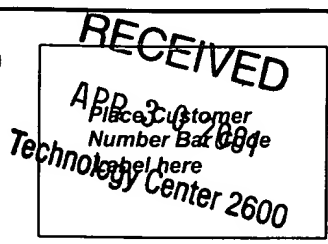
Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09/478,825
Filing Date	01/06/2000
First Named Inventor	Max Abecassis
Group Art Unit	2711
Examiner Name	
Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number
Type Customer Number here

OR



<input checked="" type="checkbox"/> Firm or Individual Name	MAX ABECASSIS				
Address	18457 LONG LAKE DRIVE				
Address					
City	BOCA RATON	State	FL	ZIP	33496
Country	USA				
Telephone	561-470-1181	Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name	Max Abecassis
Signature	
Date	04/23/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.